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ABSTRACT

This conference presentation chronicles the development of a coalition of over 20 Alabama health and education agencies, institutions, and organizations, representing a united effort to strengthen comprehensive school health in the state. The coalition was formed in response to removal of the mandated high school health requirement from the Code of Alabama, which resulted from the lobbying activities of groups against sex education. The coalition-building process involved identifying agencies and groups interested in the promotion of school health of children; acquiring commitments from key groups to offer their expertise, skills, and resources; drafting a position statement; developing a funding proposal; monitoring Alabama Board of Education meetings and the legislature; increasing public awareness of the need for comprehensive school health; meeting with media representatives; adopting by-laws and electing officers; establishing committees in the areas of communication, education/professional preparation, and legislative/public policy; and conducting training for coalition members. (JDD)

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**School Health Coalition Building -
One State's Plan**

**American Alliance for Health, Physical Education,
Recreation and Dance Convention
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In recent years, there has been a clarion call in the educational community for the building of coalitions and partnerships to advance educational goals and objectives. One such call was made by Marshall (1992) as she examined America 2000, our nation's call to educational reform. She noted that educational reform must include a bold commitment to reappraise our partnerships between schools, parents, businesses and social agencies by the establishment of new alliances.

School health alliances and coalition building has received national impetus with the establishment of the National School Health Coalition in 1982. NaSHEC (1992) works with organizations and agencies committed to improving comprehensive school health in K-12. Moreover, they provide technical assistance to state level coalitions and organizations, produce a newsletter and a legislative monthly report that updates readers about federal initiatives that support comprehensive school health education. Another such initiative occurred in 1992, when 100 representatives from 40 national level health, education and social service agencies gathered in Phoenix, Arizona, to develop an action plan that would institutionalize comprehensive school health in the nation's schools. In examining the goals of Healthy People 2000: Objectives For the Nation, they called on states and communities to build coalitions among child health advocates, education organizations, health organizations, and the private sector in order to influence policy (American Cancer Society, 1992). With these national initiatives in coalition building has come a proliferation of conferences and a call for state and community coalitions to address other issues such as censorship and the freedom to learn (Petosa, 1988).

School Health Coalition building usually results from the identification of a problem or issue of such magnitude that it requires the joint efforts of individuals, agencies, organizations, and institutions to resolve (Allensworth & Patton, 1990). Such was the case in Alabama when in 1990 a legislative crisis became the impetus for coalition building.

During the previous decade, opponents of school health curricula and programs in Alabama had been effective with the Alabama Board of Education in preventing the adoption of health texts dealing with HIV/AIDS and deleting sections within the

Alabama Health Education Course of Study. On a regular basis, they initiated resolutions against the use of some stress management strategies in local schools, the use of counselor education programs such as PUMSY and DUSO, and drug education programs such as QUEST, as well as programs which attempted to improve self esteem or allow for the use of decision making skills.

In the spring of 1991 these opposition groups led the efforts to remove the mandated high school health requirement from the Code of Alabama as a part of the Educational Reform Act. Their efforts consisted of intense lobbying and the dissemination of misleading information in packets of sex education materials to lawmakers on key education committees. The packets contained reproduced explicit pictures and materials from a book not in use in Alabama Schools, but on a reading list cited in other curriculum materials used in some school districts. The legislative committee held a hearing and then passed the Educational Reform Act out of committee without health as a mandated requirement. It eventually became law. However, at this time, the Alabama Board of Education continues to require the high school course.

Following the legislative session, a small group of health and education leaders was convened by the author. They decided to unite their efforts in the establishment of a coalition which would focus on strengthening comprehensive school health in the state. Twenty four agencies, institutions, and organizations were contacted and invited to attend the first meeting. Their charge was to analyze the problem of declining support for comprehensive school health in the state and explore possible solutions. Twenty of the twenty four responded.

The initial planning process began by sharing insights and reviewing activities of opposition groups over the last decade, particularly their activities before the Alabama Board of Education and the Alabama Legislature. At the planning meeting, two legislative liaisons discussed the legislative process which had led to the deletion of the high school requirement. There was a consensus among the group that in order to improve and strengthen comprehensive school health and allay the continuous encroachment of opposition groups, a coalition needed to be organized. Other key agencies and groups who were already involved in some way in the promotion of school health of children were identified.

Further meetings and activities addressed a strategic planning process which included an identification and commitment by key groups to offer their expertise, skills, and resources to the coalition. Volunteers accepted the challenge of formulating a preliminary position statement and draft of a potential structure and

governance of the group. One member who had extensive parliamentary experience agreed to oversee the development of Bylaws. The acting chair of the coalition did a data search on coalition building which she shared with other members.

Funding to support the coalition was explored. The chair developed a proposal for funding from the Alabama Division of the American Cancer Society whose national core priorities include the promotion of comprehensive school health. A grant proposal to the American Cancer Society linked the goals and objectives of school health coalition building in Alabama to the national ACS priorities. The Alabama Division of the American Cancer Society received one of four community demonstration grants to be used for coalition building. Letters of support from 28 prospective coalition members were solicited and accompanied the proposal. Additional funding came from the Health Educators' Association of Alabama, one of the original coalition members.

During the organizational phase, coalition members agreed to monitor the Alabama Board of Education meetings and the legislature, increase public awareness about the need for and benefits of comprehensive school health, promote comprehensive school health in K-12, and educate key groups in the state.

In the spring of 1992 the same opposition groups who had led the efforts to delete health education as a mandated requirement mounted a media campaign to introduce an Abstinence Bill before the legislature. The coalition was effective in networking with SIECUS, the Southern Governors Association, Freedom for the American Way and others to bring attention to questionable language in the bill, particularly that referring to the teaching of sex education and drug education in such a manner as to indicate that students have "a legitimate right to decide or choose."

Advocacy and educational activities during this time included legislative alerts, letters to legislators, private meetings with legislators, and attendance at legislative hearings. Moreover, coalition members met with the President of the Alabama Press Association and other media representatives to educate them on comprehensive school health. Outcomes of those meetings led to the decision to develop a professional media package including a brochure listing member agencies and the planning of luncheon meetings with regional media representatives in an effort to educate them.

Formal coalition status became a reality with the adoption of Bylaws, election of officers, and development of committee goals and objectives. The committee on

membership continues to invite other groups and are interested in expanding the membership to include representatives from parents and communities, more minorities and ethnic groups, church leaders, more public school health teachers and administrators and business leaders. The Communication committee continues to focus on developing a video, a position paper, and brochures to use in an education/awareness campaign. The Education/Professional Preparation committee is working on the identification of professional preparation standards for teachers at all the universities, networking with the eight university In-Service Centers to provide in-service for teachers in the field, developing a clearinghouse of curriculum, materials and programs to be housed at one of the state university schools of public health, developing a data base of current research which is effective in strengthening comprehensive school health, and distributing a bi-monthly newsletter or bulletin to local boards of education, principals, superintendents, parent-teacher organizations, legislators, State Board of Education, selected media and coalition members.

Other committees included the Legislative/Public Policy committee which planned a luncheon meeting for the Alabama Board of Education, the State Superintendent, and State Department of Education leaders. The meeting introduced them to the Coalition and made them aware of its eagerness to assist them in the review of health materials and text, serve as consultants and resources on health issues and curricula, and provide research on the effectiveness of school health programs. The Coalition also hosted a luncheon meeting for the executive officers and lobbyists of member organizations and agencies in an effort to educate them on comprehensive school health.

Training and development for Coalition members has been addressed through the provision of a workshop on dealing with controversy by a nationally recognized health educator. Moreover, coalition members regularly receive national updates and pertinent articles and materials. Two Coalition members attended a national conference on promoting and protecting the freedom to learn about health. All coalition members network on conferences and meetings and use their newsletters to share coalition news.

Future plans call for further investigation of sources of funding, organizing and working with local school health advisory councils, developing a directory of services, materials, and resources available on the local level to teachers, and providing a speakers bureau for interested persons and groups. Other areas which will be addressed in the future include developing effective marketing strategies, conducting grant-writing workshops, networking with other coalitions, and the provision of ongoing continuing education for teachers and coalition members.

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